

Died at <u>Compton Avenue</u> Town <u>Compton Avenue</u>			County <u>Somerset</u>			MARYLAND	
Date <u>1903</u>	Month <u>1</u>	Day <u>15</u>	Y. <u>—</u>	M. <u>—</u>	D. <u>1</u>	Native of <u>Md</u>	Occupation <u>—</u>
Male	White	Married				Widow	Divorced
<u>Father</u>	Colored	Single				Widower	Number of children living <u>—</u>
Husband of <u>—</u>							
Wife <u>—</u>							
Father's Name <u>Wm. Arnwood</u>	Mother's Maiden Name <u>Amelia Parsons</u>						
Cause of Death <u>Primary</u>				How long sick <u>1 day</u>			
Death <u>Immediate</u>				Accident, <u>Suicide</u> , <u>Homicide</u>			
Reported by <u>Chas. W. Parsons Jr.</u>	151						
Address <u>Dr. Avenue Md</u>							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John A. Adams -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex Male -		Color or Race	white -		Somerset Co. Md -	
Married, Single or Widowed		Occupation		Widowed - R.R Conductor -		
Name of Wife or Husband		Name		Sarah Champ -		
Father's Name		Name		John Adams -		
Mother's Maiden Name		Name		Sarah Curley		
Name of person giving information		Name		Margret E. Leyton -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Lung - 27

How long

3 months -

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

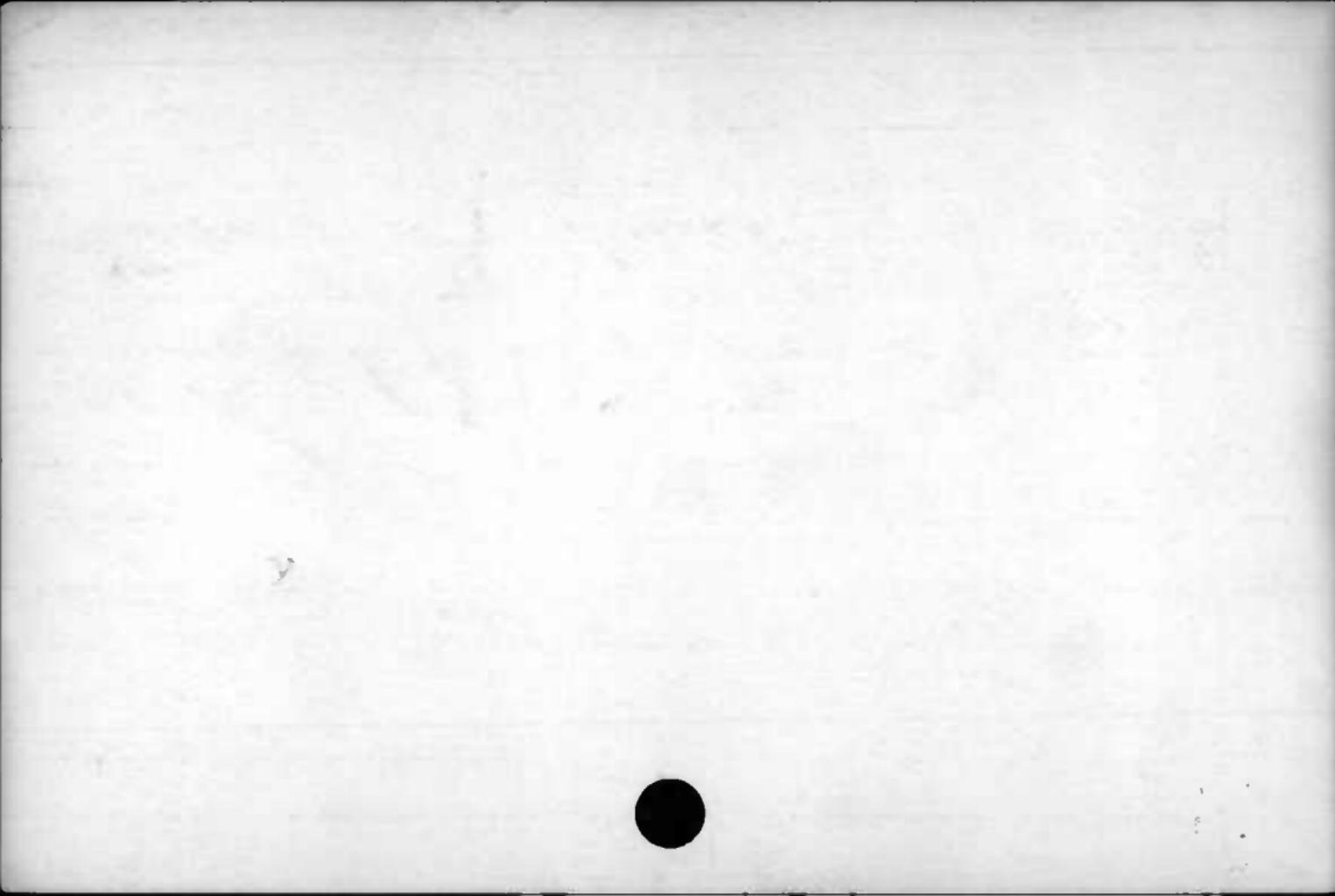
Address

H. L. Allen Jr.

Culpeper - Md

Accident or Suicide?

1



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>John Reeman Barrett</i>				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Ireland	
Married, Single		Occupation			general work	
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	<i>What we know of him, we learned from him</i>					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age 15

How long *He has been in the old house three months*
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

As far as I know

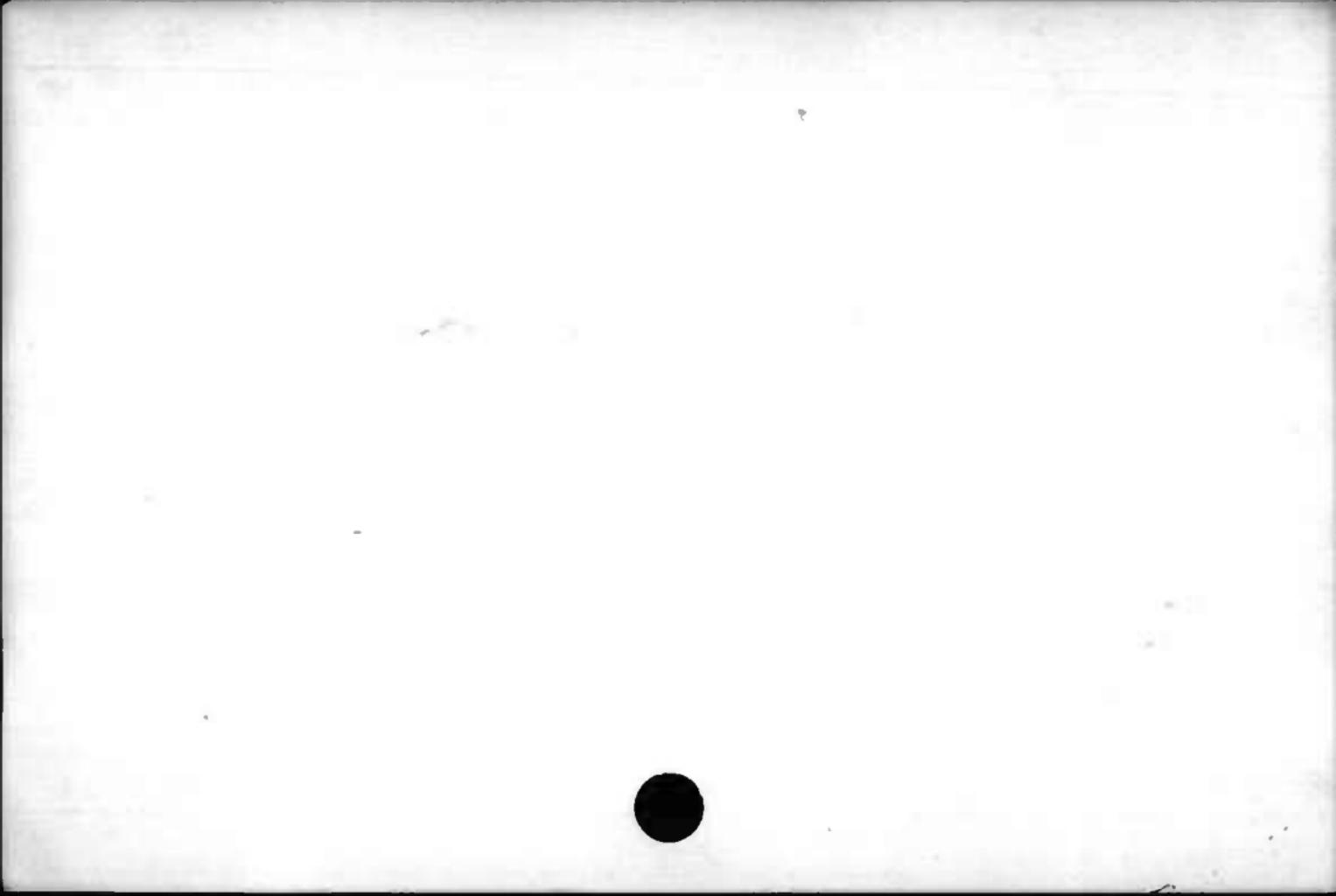
Signature of Physician

Address

*Dr. James W. Jones,
Prince George's Co.*



Accident or Suicide?



Fred Bennett Jr

Town

County

MARYLAND

Died at

Upper Fairmount somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1953

Jan 22

3. 15

Somerset

None

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Fred Bennett

Mother's

Maiden Name

Garnet Walston

Cause of

Primary

Indigestion

How long sick

3 weeks

Death

Immediate

Eclampsia

Accident, Suicide, Homicide

Reported by

G. Dickinson

Address

Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Ebbie Brunette</i>					CERTIFICATE OF DEATH		
Died at <i>Alma's house</i>		Town <i>Homewood</i>			County <i>Homewood</i>		MARYLAND
Date of death 1903	Month <i>Jan</i>	Day <i>8</i>	Age <i>35</i>	Years <i>35</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Occupation <i>general house work</i>			Birth- place <i>Homewood</i>	<i>6</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Don't know</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				68	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Raving Mania; but only a few days

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

As far as known

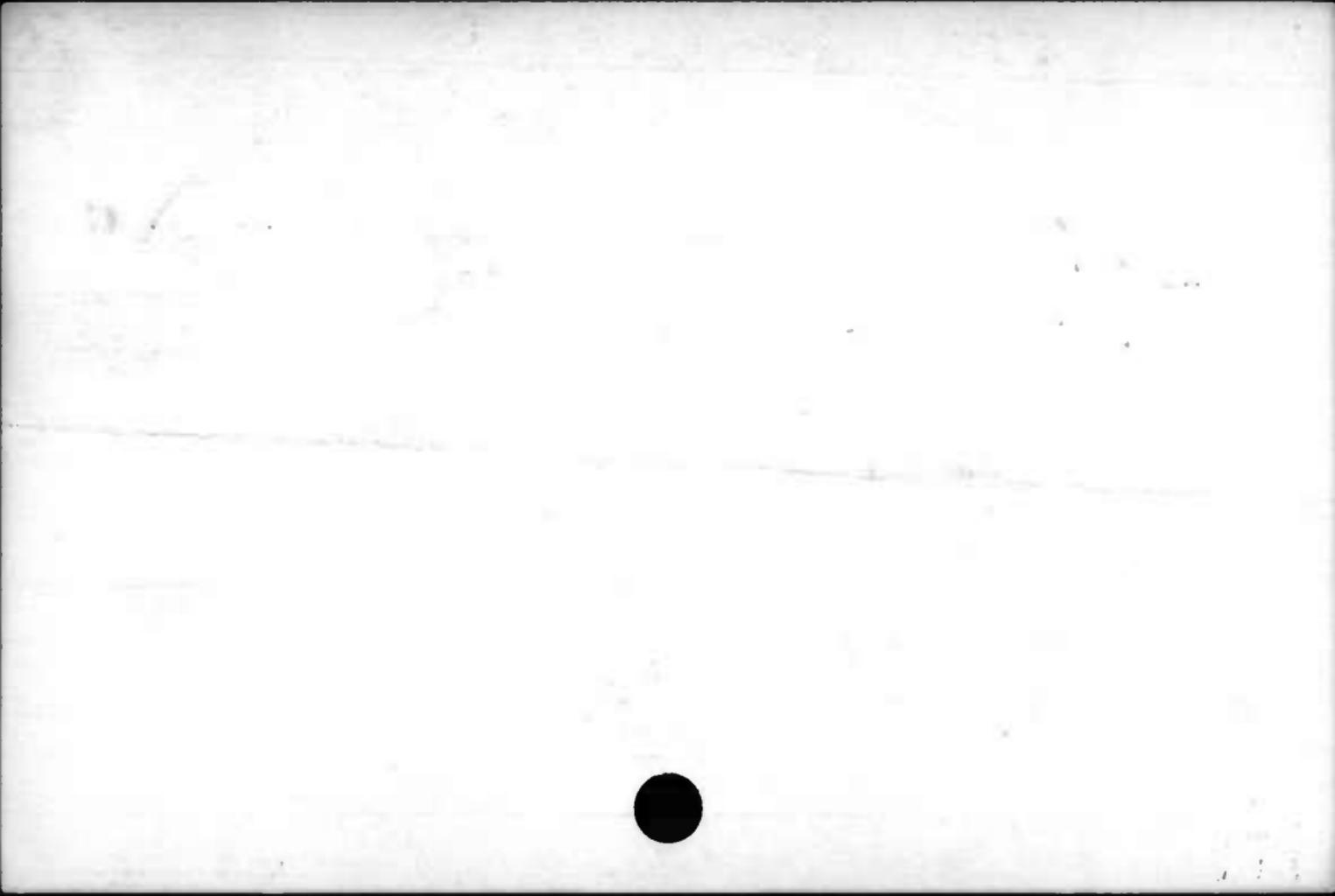
Signature of
Physician

Address

*Daniel Effors
Prince George Md.*

1

Accident or Suicide?



Name
in
Full

Alfred Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Jan	Day 14	Age 78	Years	Months 5	Days 13
Sex Male	Color or Race White	Birth-place Somerset Co				
Married, <input checked="" type="checkbox"/>	Occupation Farmer					
Name of Wife <input checked="" type="checkbox"/> Elizabeth St Cannon						
Father's Name Don't Know	Father's Birthplace					
Mother's Maiden Name " "	Mother's Birthplace					
Name of person giving information Dr F A Adams	How related to deceased None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long —

Immediate Carditis 79 How long —

Are the name, age, sex, color, date
and place correctly given above?

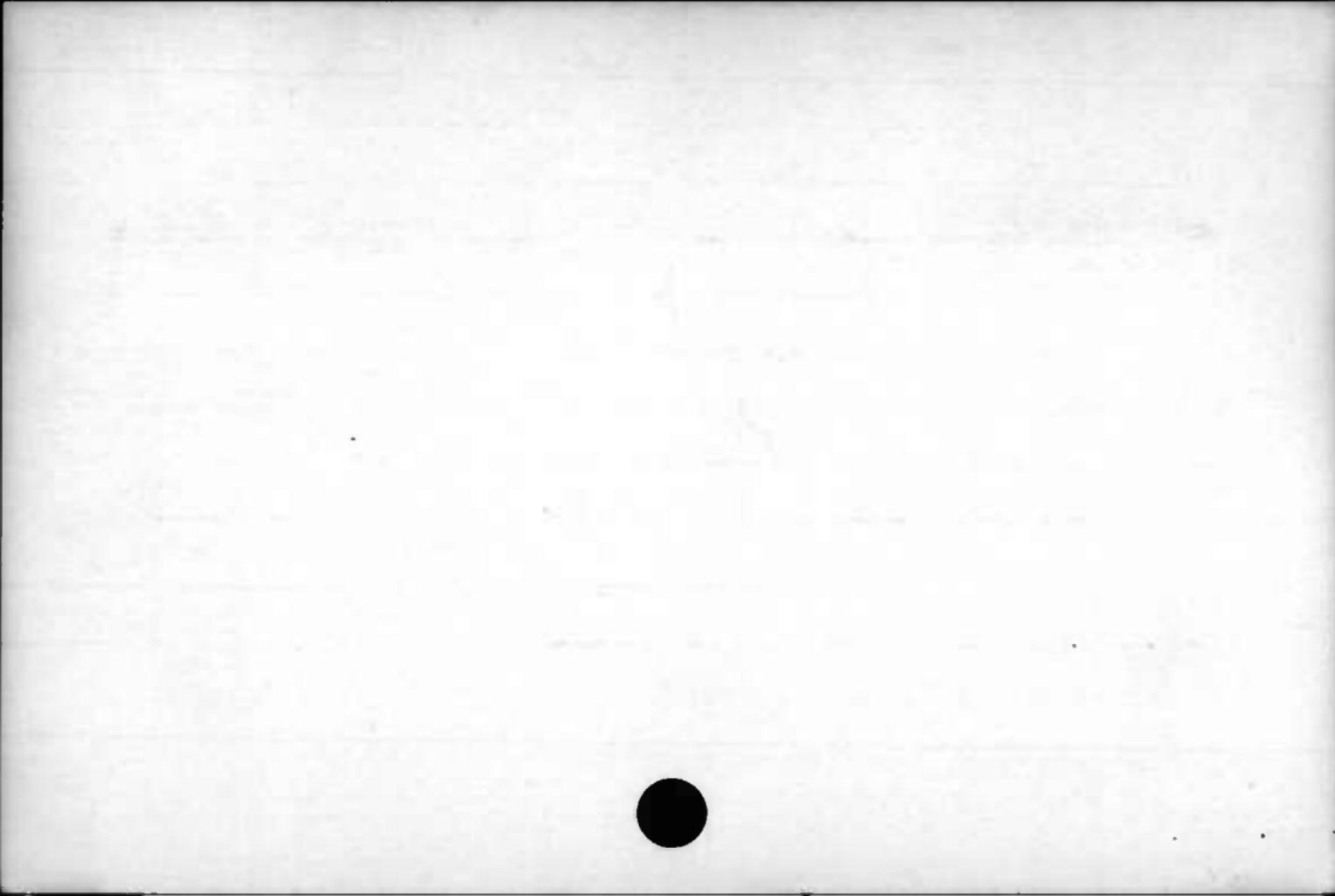
Signature of
Physician

F. A. Adams

Address

Roanoke City
nd

Accident or Suicide?



Geo. W. Collier

Town

County

MARYLAND

Died at

Deal Island

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Age

69

2

25

Native of

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Cause of

Primary

Nephritis

190

How long sick

6 weeks

Death

Immediate

Dyspnoea (Uremic Coma)

Accident, Suicide, Homicide

Reported by

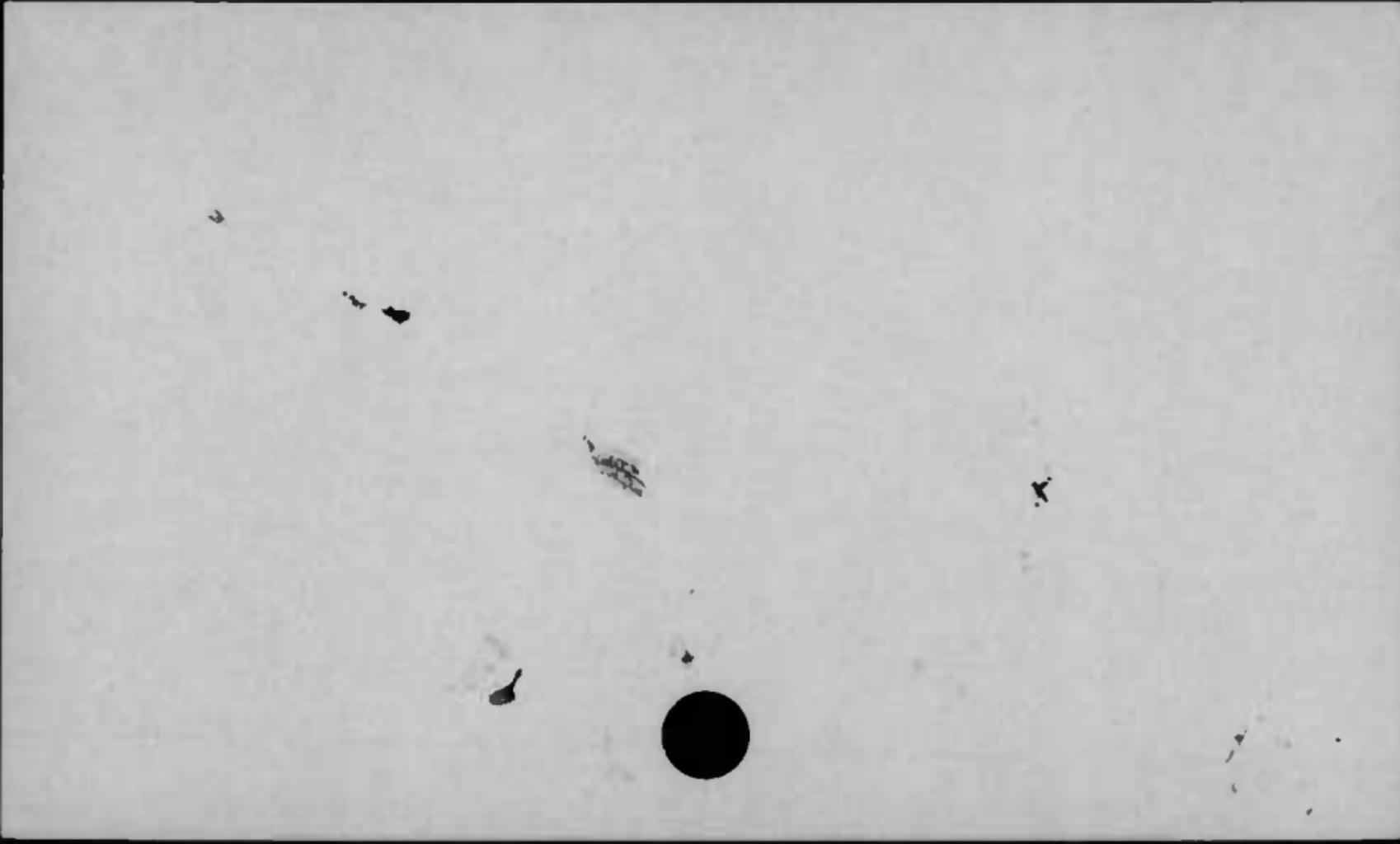
W. G. Alexander

1

Deal Island

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan Elizabeth Cullison
 Town Deal Island County Somerset MARYLAND

Died at

Date 1903

Month Jan

Day 18

Age 3 weeks

M

D

Native of

Occupation

Female

White

Colored

Age

Married

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Cause of Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's Name

Suey Cullison Sadie T. Gibson C.

Death Cause of Death How long sick

Influenza

3 weeks.

Asthma

Accident, Suicide, Homicide

Reported by H. G. Alexander M.D.

Address Deal Island Somerset Co -



Edward Dice

Town County
Died at Fairmount Somerset MARYLAND

Date 1903 Month Day Y. M. D. Native of Occupation
Jan 23 Age 88 - - Somerset Systeman
Male White Married Widower Divorced
Female Colored Single Widower Number of children living

Husband of Annie Dice

Father's Name Richardson Dice Mother's Maiden Name

Cause of Death Primary Senile Dementia How long sick
Death Immediate _____ several years

Accident, Suicide, Homicide

Reported by G. Dickinson ST

Address 141 Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles C. Gibbons -

Mar Town County
Died at Parkersburg West Virginia
1903 Month Day Y. M. D. Native of
Date 1903 July 25 1903 Summit MARYLAND
Male White Married Widow Occupation
Female Colored Single Widower Divorced
Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

M. W. Gibbons

Address

1 Parkersburg, Summit Co. W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Laura B. Griffitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month 1	Day 9	Years 38	Months 7	Days -
Sex	Female	Color or Race	white	Birth-place	Penns.	
Married, Single <u>Widowed</u>		Occupation		Housewife		
Name of Wife or Husband		Wm P. Griffitt				
Father's Name		Andrew McMichael		Father's Birthplace	Penns.	
Mother's Maiden Name		Catharine Calvin		Mother's Birthplace	Penns.	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nervous Prostration of a

How long

several months

How long

5 days

Immediate

Diphtheria

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. W. Willey

Oxonoke

1

Accident or Suicide?

Jeffrey Harris

Town Deals Island County Somerset MARYLAND
 Died at Deals Island Date 1903 Month Jan Day 11 Y. 43 M. — D. — Native of Widow Occupation Mid
 Date 1903 Month Jan Day 11 Age 43 — — Native of Widow Occupation Mid
 Male Single Widower Divorced
 Female Colored Single Number of children living
 Male Single Widower Divorced
 Female Colored Single Number of children living

Husband of

Wife

Father's Name

Mother's Name

93

Cause of Death

Primary

Robust Pneumonia

How long sick

10 days

Immediate

Toxaemia

Accident, Suicide, Homicide

Reported by

Address

W. G. Alexander
Deals Island, Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Hayman -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Columbia		Somerset			
Date of death 1903.	Month	Day	Years	Months	Days
July	29		81		
Sex	Color or Race	Occupation			
Female	White	Housewife			
Married, Single or Widowed	Widow				
Name of Wife or Husband	John Hayman				
Father's Name	George Mitchell				
Mother's Maiden Name	Annie Mitchell				
Name of person giving Information	Landy Hayman				
CAUSES OF DEATH					
Primary	Paralysis		(do)	How long	4 days -
Immediate				How long	

PHYSICIAN
OR CORONER

1

Are the name, age, sex, color, date and place correctly given above?

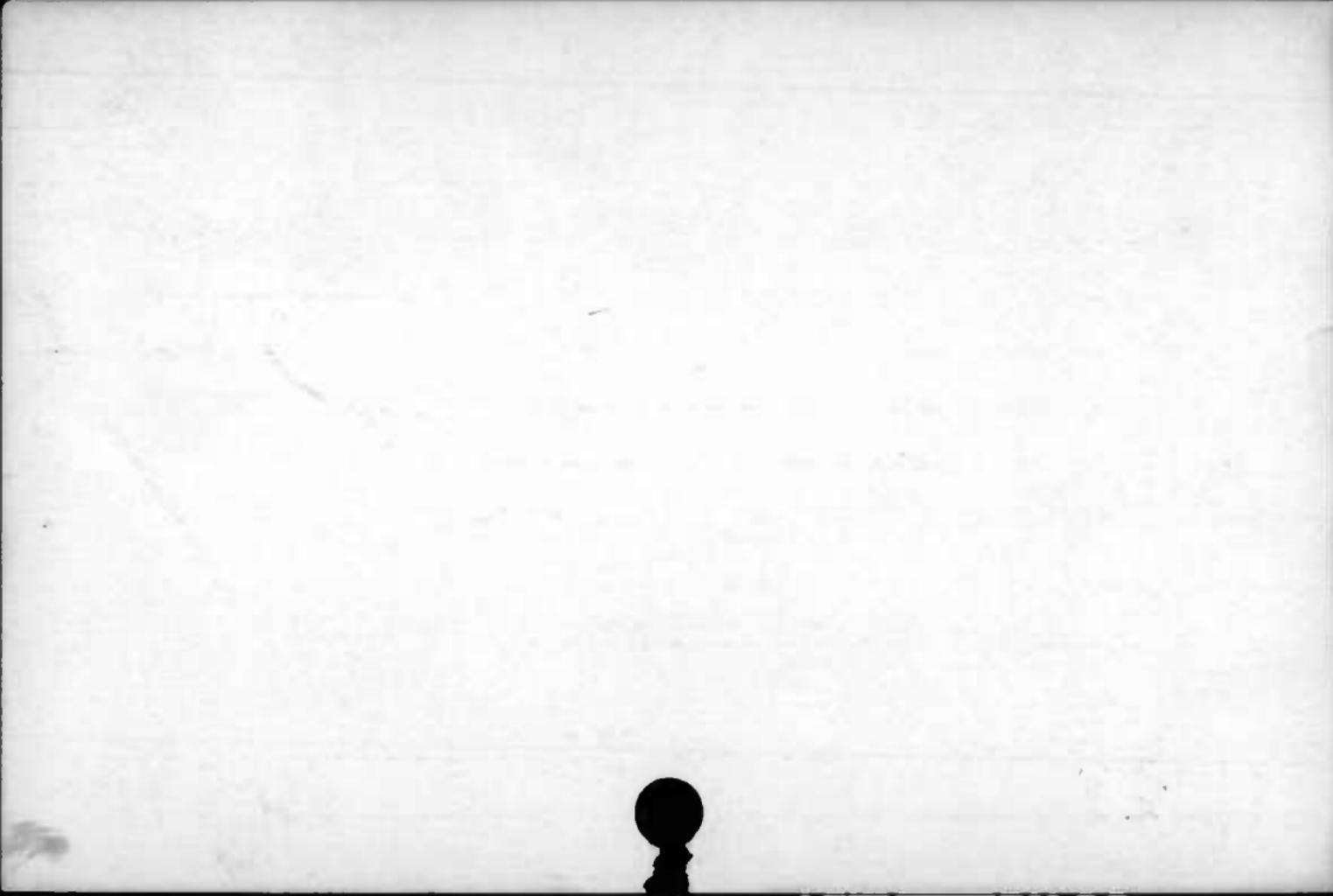
Signature of Physician

Address

W. C. Atkinson

Columbia

Accident or Suicide?



Name in Full

Certificate of Death

Kelli Darlene Forman

Died at **Sevierville** Town **Somerset** County **MARYLAND**

Date 19 03 Jan 21		Month Day	Y.	M.	D.	Native of	Occupation
Male	Female	White	Colored	Age	Married	Widow	Divorced
						Widower	Number of children living

Husband of Wm. J. Farmer
Wife

Environ Biol Fish (2007) 79:1–11

Father's

Names

Name _____

Mother's

27

Gause et al.

Primary

Warden Name: Tuberculosis (Pulmonary)

How long sick

Death

Immediate

Athenia

Accident, Suicide, Homicide

Reported by

Wg. Queen

Address

Seeds Island Sonneval Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Adaline Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Age	Years	Months	Days
3	Jan.	14	67	-	-
Sex	Color or Race	Birth-place			
Female	white	Somerset Co.			
Married, Single or Widowed	Occupation				
married	Housewife				
Name of Wife or Husband	Nehemiah Jones				
Father's Name					
Mother's Maiden Name					
Name of person giving information	Hicks Boyman				
How related to deceased Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

7 weeks

Immediate

asthma

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. Grindon, M.D.
James Quarter
Md



Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wellen M. Townsend

CERTIFICATE OF DEATH

Died at Marion		Town	Somerset		County	MARYLAND		
Date of death 1903	Month Jan	Day 20	Age 22	Years	10	Months	9	Days
Sex Female	Color or Race	White		Birth-place	Delaware			
Married, Single or Widowed	Married	Occupation		Housekeeper				
Name of deceased Husband	James C Townsend							
Father's Name	Wm Parsons		Father's Birthplace		Delaware			
Mother's Maiden Name	Stettie Moore		Mother's Birthplace		"			
Name of person giving information	James C Townsend		How related to deceased		Husband			

CAUSES OF DEATH

Primary
Phthisis Pulmonalis 27

How long
3 years
How long
3 years

Immediate cause as above

Are the name, age, sex, color, date and place correctly given above?

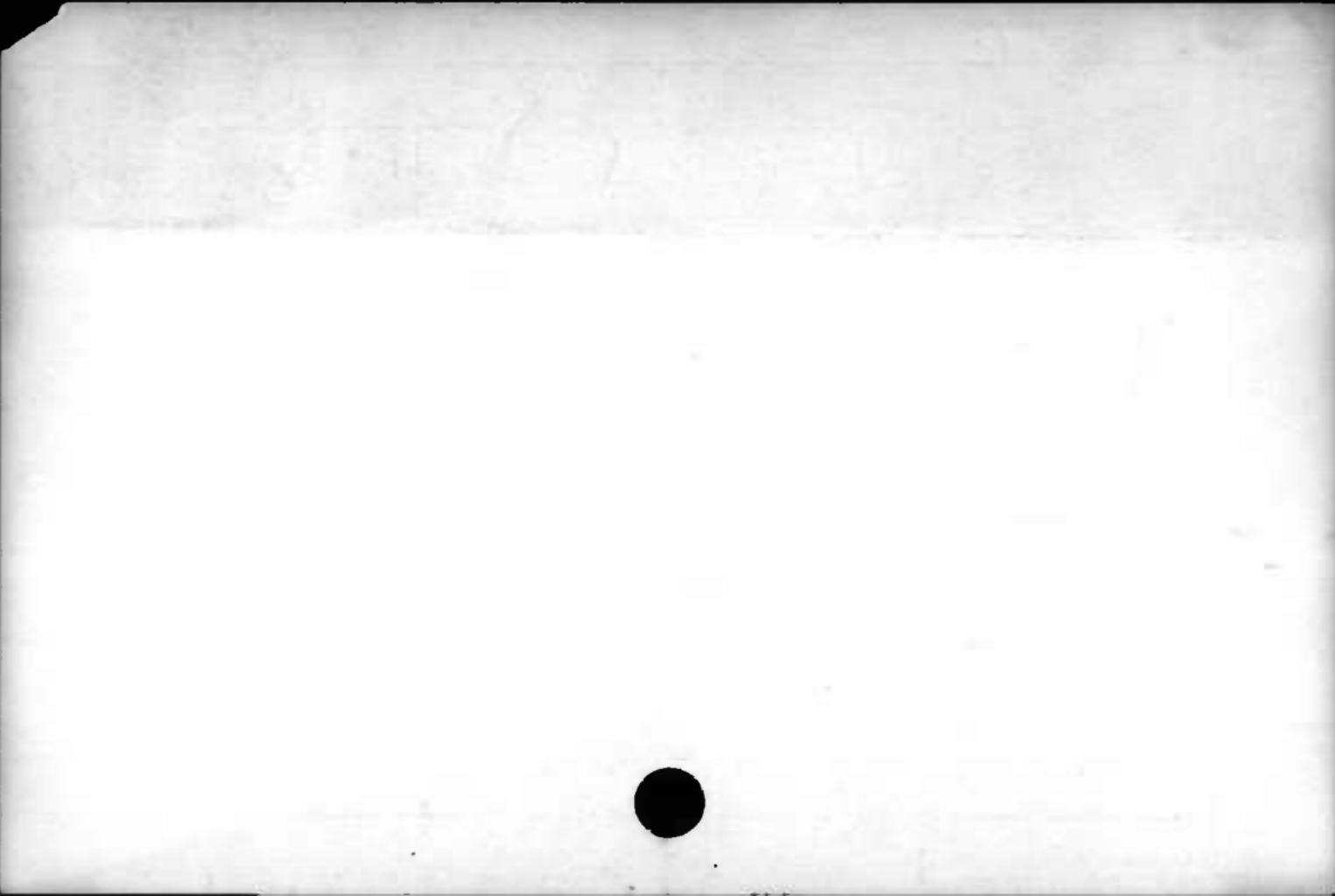
Signature of Physician

Address

F. A. Adams & Son
Poisonous city Md

1

Accident or Suicide?



Jennie Maddrix

Died at Lewisfield, County Somerset, MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Lewisfield	1	9	30	-	-	Md	Housewife
Male		White	Married	Widow		Divorced		Number of children living 5-
Female		Colored	Single	Widower				

Husband of

Wife

Father's Name

Henry W. Ward

Mother's

Maiden Name

Cause of Death

Primary

Immediate

Rearginoma of Breast

How long sick

7 months

Accident Suicide Homicide

Reported by

G. T. Simouson 43

Address

Lewisfield, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Died at

Town

County

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Baltimore

Baltimore

Baltimore

Female

White

Age 44 -

Widow

Colored

Married

Divorced

Single

Widower

Number of children living

5

of

Wife

Father's

Name

Cause of

Primary

Immediate

Epithelioma (cervix uteri)

Asthma

Mother's

Name

How long sick

9 months

Accident, Suicide, Homicide

Reported by

W.H. Alexander 42

Address

West End

Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

Princetown

County

MARYLAND

Died at

Date 1893

Month

Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Elijah Powell

Mother's Name

Amie Powell

Cause of

Primary

How long sick

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

Philip Smith

P. C. M.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Richard Sterling

Town

Crisfield

County

Somerset

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Frank J. Sterling

Mother's Maiden Name

Eva Moore

Cause of Death

Primary

obstruction Jaundice

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Hall 151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



J. Fletcher Stevenson

Town

Ausfeld

County

Somerset

MARYLAND

Died at

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age 38 —

Widow

Divorced

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

Heart Disease

How long sick

5 months

Accident, Suicide, Homicide

Reported by

Address

J. T. Stevenson

Ausfeld MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Agnes Ward
Crisfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month 1	Day 11	Age 2	Years	Months	Days
Sex ♂	Color or Race white	Occupation	Crisfield Md			
Married, Single or Widowed +	+					
Name of Wife or Husband	William H Ward			Father's Birthplace	Crisfield Md	
Father's Name	Julia S Dougherty			Mother's Birthplace	Crisfield Md	
Mother's Maiden Name	W H Ward.			How related to deceased	Father	
Name of person giving Information						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Membranous Croup

How long

36 hour

Immediate —

98

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

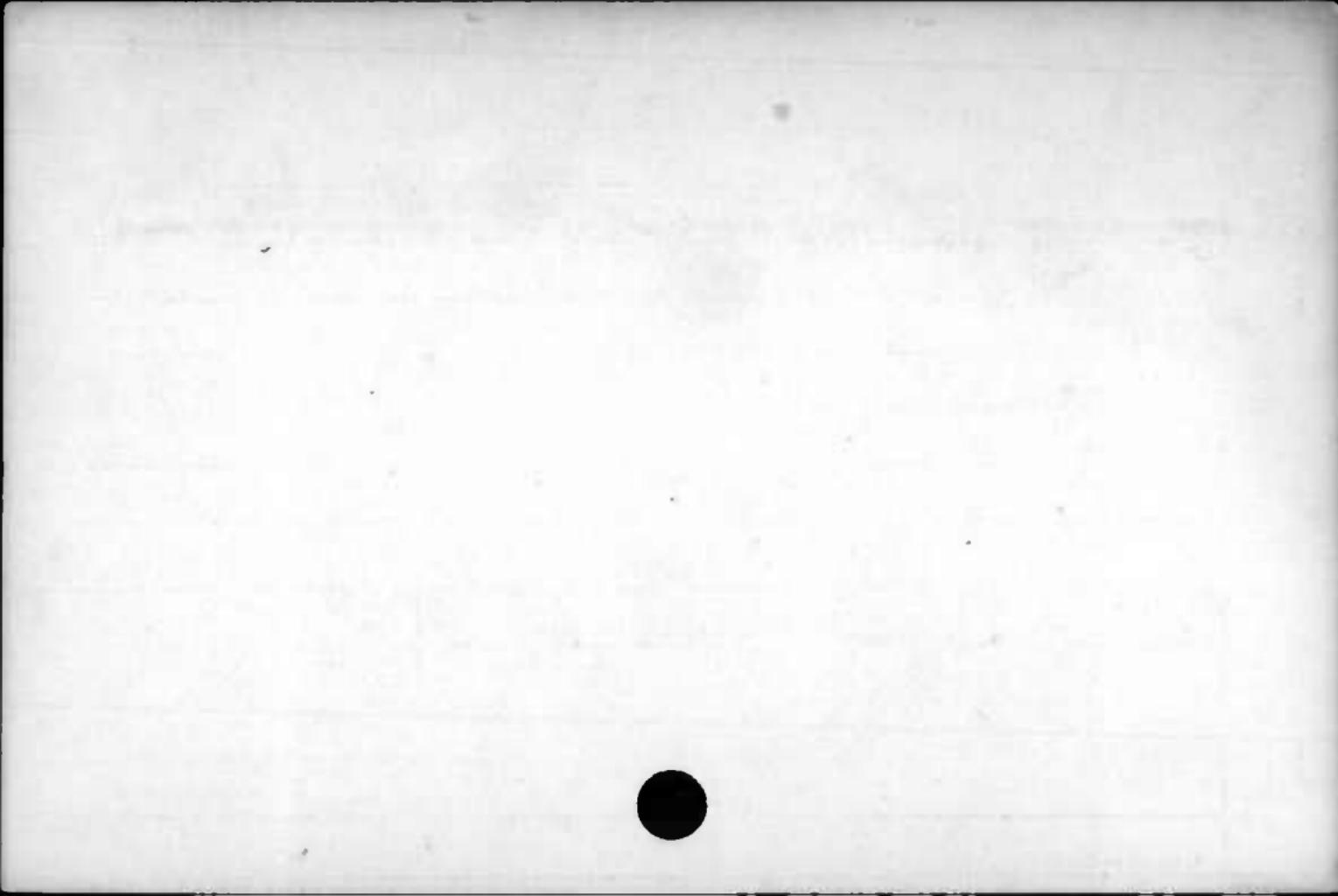
Signature of Physician

Address

W F Hael
Crisfield Md

Accident or Suicide?

I



Died at <u>Moanobin</u>			County <u>Somerset</u>	MARYLAND
Date 19 <u>03</u>	Month <u>Jan.</u>	Day <u>15</u>	Y. <u>5</u> M. <u>Widow</u> D. <u>Widower</u>	Native of <u>Med.</u>
Male			Divorced	Occupation
<u>Female</u>	Colored	<u>Single</u>	Number of children living	
Husband of				
Wife				
Father's Name	<u>Levine Water</u>		Mother's Maiden Name <u>Wheeler van Baled</u>	
Cause of Death	Primary			How long sick
	Immediate	<u>151</u>		Accident, Suicide, Homicide
Reported by	<u>Geo. Wall</u>			
Address <u>1 Moanobin</u>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles White

Died at	Town	County	Native of			Occupation
	Kasnab	Somerset	Y.	M.	D.	
Date	Month	Day	Age			
1903	1	22	18			
	Male	White	Married	Widow	Divorced	
	Female	Colored	Single	Widower	Number of children living	

Husband of

Wife

Father's

Name

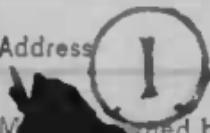
Cause of

Death

Reported by

Address

Signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's
Maiden Name

Betsy White

How long sick

6 mos

Accident, Suicide, Homicide

James White - Mother's
Primary Maiden Name

Tuberculosis Aspernia

Chas. W. Doanwright



Lucy Wilson

Died at Crude Town Somerset County MARYLAND

Date 19 03	Month Jan	Day 18	Age 12	Y. M. D.	Native of <u>nd</u>	Occupation
Male	White		Married	Widow	Divorced	
Female	Colored		Single	Widower	Number of children living	

Husband of

Wife

Father's Name

Wm Wilson

Mother's Maiden Name

Mannie Nutt

Cause of Death

Primary

Typhoid Fever

How long sick

6 wks

Immediate

Intestinal Perforation

Accident, Suicide, Homicide

Reported by

Re L. Hoff M.D.

Address

Crude Rd.,  Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

